

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573697

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1												
2							51					
3							52					
4							53					
5							54					
6							55					
7							56					
8							57					
9							58					
10							59					
11							60					
12							61					
13		1					62					
14			1				63					
15				1			64					
16					1		65					
17						1	66					
18							67					
19							68					
20							69					
21							70					
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27							76					
28							77					
29							78					
30							79					
31					1		80					
32						1	81					
33							82					
34							83					
35							84					
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37							86					
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39							88					
40							89					
41							90					
42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
TOTAL IND.							100					
TOTAL DEP.												
TOTAL CLAIMS												

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19
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20

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS												

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